

*******Revised for Spring 2007 Administrations*******

TEST SECURITY AFFIDAVIT

For Test Administrators

I acknowledge that I will have access to the _____ test materials for the purpose of administering the assessment. I understand that these materials are highly secure, and it is my professional responsibility to protect their security as follows:

1. I will not divulge the contents of the test, generally or specifically, to anyone.
2. I will not copy any part of the test or directions.
3. I will limit access to the test materials by examinees only to actual testing periods.

Signature: _____ District/Agency: _____

Printed Name: _____ School: _____

Position: _____ Address: _____

Date: _____ City/State/ZIP: _____

	Date	Number	Test Administrator's Initials	Test Coordinator's Initials
Test booklets issued	_____	_____	_____	_____
Test booklets returned	_____	_____	_____	_____

Return this signed *Test Security Affidavit* to your Test Coordinator after receiving test materials.

TEST COORDINATORS—Send all Test Administrator *Test Security Affidavits* to Gay Pickner, c/o South Dakota Department of Education, 700 Governors Drive, Pierre, SD 57501.

Retain copies of the teacher/examiner *Test Security Affidavits* at the district office.